


**'2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jun 02, 2006 8:00 am**  
**Secretary of State**

06-02-2006 90109 018 \*\*\*150.00

<b>DOCUMENT # L99000007520</b> 1. Entity Name SUNSET POINT, LLC	
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Principal Place of Business 2469 SUNSET POINT RD., #250 CLEARWATER, FL 33765	Mailing Address 2469 SUNSET POINT RD., #250 CLEARWATER, FL 33765
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**DO NOT WRITE IN THIS SPACE**



04202006 No Chg-LLC

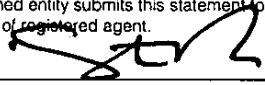
CR2E083 (11/05)

4. FEI Number 59-3607152	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
  
ROESCH, STEPHEN E  
2469 SUNSET POINT RD., #250  
CLEARWATER, FL 33765

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

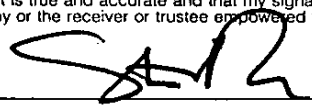
SIGNATURE:  (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ZILLIG, DAVID A 2469 SUNSET POINT RD., #250 CLEARWATER, FL 33765
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ROESCH, STEPHEN E 2469 SUNSET POINT RD., #250 CLEARWATER, FL 33765
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  4/28/06 727-797-7744

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #